

## Youth Program Health Record

**IMPORTANT:** This form must be filled out completely, signed and returned.

**Youth's Information:**

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Last Name	First Name	Middle	Preferred name
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Street Address	City	State	Zip
Date of Birth: _____	Age: _____	Gender: Male or Female	
Parent: _____			

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Last Name	First Name	Middle
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Street Address	City	State	Zip
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Emergency Telephone Number(s): Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Two additional points of Contact in the event of an emergency:

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Name	Phone Number	Name	Phone Number
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**HEALTH HISTORY:** To be completed by parent/guardian. All questions MUST BE ANSWERED.

Does your child have any medical, physical, or mental health issues illnesses or injuries:

condition	explain (as needed)

List all medications your child is currently taking Medication Name, Strength, Reason Taking, and Time(s):

Medication Taken | Strength | Reason for taking medication | Time(s) Taken



**List below any plant, animal, insect, or food allergies your child has:**


**If your child has an allergy that requires an Epinephrine pin you are responsible to provide two Epinephrine pens/Bee sting kits with the child.**

**If information is intentionally omitted from this form regarding allergies, illnesses, or medications your child will permanently be removed from all future INNG Youth invitational events. Failure to bring your child's medications will result in your child not being admitted to the Youth Program for safety purposes.**

**Please sign and date:**

\_\_\_\_\_

**Parent's signature**

\_\_\_\_\_

**Date**

**Indiana National Guard  
2012 Youth Symposium  
Youth Code of Conduct Form**

To ensure that the 2012 Youth Symposium is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following information and sign below.

If I elect to attend the 2012 Youth Symposium as a representative of the Indiana National Guard Youth Program, I will uphold the following conduct and behavior standards:

I will be courteous and respectful towards others.

I agree to value and respect others' ideas regardless of whether I agree with them.

I will actively participate in all sessions and activities during the Youth Symposium.

I will conduct myself in a respectful manner at all times.

I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited. The State Youth Coordinator reserves the right to determine what is appropriate attire.

I will be in my room at curfew every night unless scheduled activities extend beyond this time.

I will not be in the room of another youth present at the Symposium without the permission of the State Youth Coordinator or other Adult Volunteer.

I will not use any alcohol, tobacco, or other drugs, and I will not engage in any behavior of a sexual nature at any time.

I understand that I will forfeit my position as a representative of the Youth Program for any misconduct and be required to leave immediately.

As a representative of the Indiana National Guard Youth Program, I represent not only myself, but the National Guard and my parents, and I pledge to uphold this commitment. I understand that if I am not able follow the rules set forth above, I will be asked to leave:

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

I have witnessed the pledge made by my son/daughter, and I understand that if my son/daughter breaks any of the commitments stated in this code of conduct, he/she will be sent home:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### **Liability/Media Release and Indemnification Form**

I do hereby authorize the participation of my child, \_\_\_\_\_ in the National Guard State Youth Symposium, and all activities in connection therewith, conducted under the auspices of the Indiana National Guard State Youth Symposium.

I agree to allow my child to participate in said symposium, having been fully and completely informed and advised regarding the nature and purpose of said symposium and the activities conducted. It is my full and free decision to allow my child to participate.

I certify that my child is in good health, and hereby authorize the directors of the symposium to act on my child's behalf, according to their best judgment, in any emergency requiring medical attention.

I understand that my consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with medical treatment should an emergency require immediate medical attention. No major medical procedure will be performed, except in extreme emergency, without me/or my emergency contact being contacted and fully informed and consent obtained.

I also understand that the State Youth Coordinator/Staff has the right to ask my child to leave for inappropriate activities, or misconduct, and I may be billed for damages to any property or other replacement costs resulting from theft or damage to property.

I agree to allow photographs of my child to be taken by Indiana National Guard Public Affairs staff and/or State Youth Coordinator/Designated staff during the course of the symposium to be used in future Youth Symposium publicity, including display boards, booklets, and brochures.

I have read the foregoing release and indemnification agreement and I hereby agree to its terms, and conditions.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name